



**NC MEDICAID
OMBUDSMAN**

**NC MEDICAID
OMBUDSMAN
PROGRAM**

PRESENTERS:

NICOLLETTE ADAMS

DATE: 7/14/2023

NC MEDICAID OMBUDSMAN:

YOUR ADVOCATE FOR QUALITY
CARE

TODAY'S AGENDA

- I. Getting Help From the NC Medicaid Ombudsman
- II. NC Medicaid Managed Care Basics
- III. Tailored plan vs. Standard Plan
- IV. Questions and Feedback From You



NC MEDICAID
OMBUDSMAN

**NC MEDICAID
OMBUDSMAN
SERVICES**

YOUR ADVOCATE FOR QUALITY CARE

NC MEDICAID MANAGED CARE

- NC Medicaid has moved to a managed care model.
- The NC Medicaid Ombudsman advocates for people with NC Medicaid to get the care they need and help them navigate the new environment by providing free, confidential services.

NC MEDICAID OMBUDSMAN: WHAT WE DO



- Provide free, confidential support and education about the rights and responsibilities people have under NC Medicaid.
- Connect people to resources like legal aid, social services, housing resources, food assistance and other programs.
- Help Medicaid beneficiaries resolve issues so they can get the care they need.
- We are here to:
 - Educate
 - Advocate
 - Refer and connect
 - Conduct issue resolution
 - Track issues and monitor trends
 - Communicate with NC Medicaid

SERVICES PROVIDED BY THE NC MEDICAID OMBUDSMAN

Inform	Provide information to Medicaid beneficiaries about their rights under NC Medicaid Managed Care or NC Medicaid Direct
Guide	Offer members guidance on filing appeals or grievances with their health plan
Investigate	Investigate issues reported by members and help them try to resolve issues informally
Monitor	Monitor the issues members experience with health plans and communicate with NC Medicaid to address problems
Refer	Refer members to community services to support health-related needs, including legal aid, social services and other supports for a wide variety of issues.

PROVIDING INFORMATION AND EDUCATION



- The Ombudsman's primary responsibilities are to educate, inform and assist NC Medicaid beneficiaries about:
 - the transformation to NC Medicaid Managed Care
 - how to navigate the managed care system
 - Beneficiary's rights and responsibilities under managed care
- But the Ombudsman's role does not end there...



INVESTIGATION, FOLLOW-UP, RESOLUTION

- Ombudsman staff are true advocates for beneficiaries, seeking the best and most efficient outcome for the beneficiary through informal issue resolution with health plans, providers and other key NC Medicaid Managed Care entities.
- Ombudsman staff regularly communicates with the beneficiary concerning these efforts.

NO WRONG DOOR APPROACH

- Ombudsmen provide general information and referrals for many other issues:
 - Applying for Medicaid
 - Private health insurance (including Affordable Care Act coverage)
 - Referrals for other benefits such as food assistance, housing resources, Supplemental Security Income and veterans' benefits





SERVICES NOT OFFERED BY THE NC MEDICAID OMBUDSMAN

- The NC Medicaid Ombudsman cannot provide legal advice or represent an individual with Medicaid in a managed care appeal or grievance procedure.
- The Ombudsman will refer clients in need of legal services to the appropriate organization.

LEGAL REFERRALS

Partners: Legal Aid of North Carolina, Charlotte Center for Legal Advocacy, and Pisgah Legal Services.

These agencies will receive referrals from the Ombudsman for members who need or request legal advice or representation to assist with appeals or other issues.





SERVICES NOT OFFERED BY THE NC MEDICAID OMBUDSMAN (CONTINUED)

- The NC Medicaid Ombudsman is a resource for NC Medicaid beneficiaries and those assisting them.
- We are not trained to answer NC Medicaid provider questions regarding provider enrollment, credentialing, billing, rates or NCTracks
- There is a separate **Provider Ombudsman** to assist Medicaid providers.
- To reach the **Provider Ombudsman**, call 866-304-7062 or email Medicaid.ProviderOmbudsman@dhhs.nc.gov

PROVIDER RESOURCES

- [NC Medicaid Provider Playbook](#) Fact Sheets
- [NC Medicaid Behavioral Health I/DD Tailored Plan](#) page
- [NC Medicaid Help Center](#) for NC Medicaid providers
- [NC Medicaid Provider Bulletin](#)
- [NC Medicaid Managed Care webinar and materials](#)
- NC Tracks Service Line
 - For questions regarding provider enrollment, credentialing, billing, rates or NC Tracks
 - Phone: 800-688-6696
- NC Medicaid Provider Ombudsman
 - Phone: 866-304-7062
 - Email: Medicaid.ProviderOmbudsman@dhhs.nc.gov

 EDUCATE • ADVOCATE • CONNECT • COMMUNICATE

**CONTACTING NC
MEDICAID
OMBUDSMAN**



By phone
877-201-3750



By email
info@ncmedicaidombudsman.org



Online
ncmedicaidombudsman.org



In person
Ask us for options!

**NC MEDICAID
MANAGED CARE
BASICS**



**NC MEDICAID
OMBUDSMAN**

BACKGROUND: NORTH CAROLINA MEDICAID PROGRAM

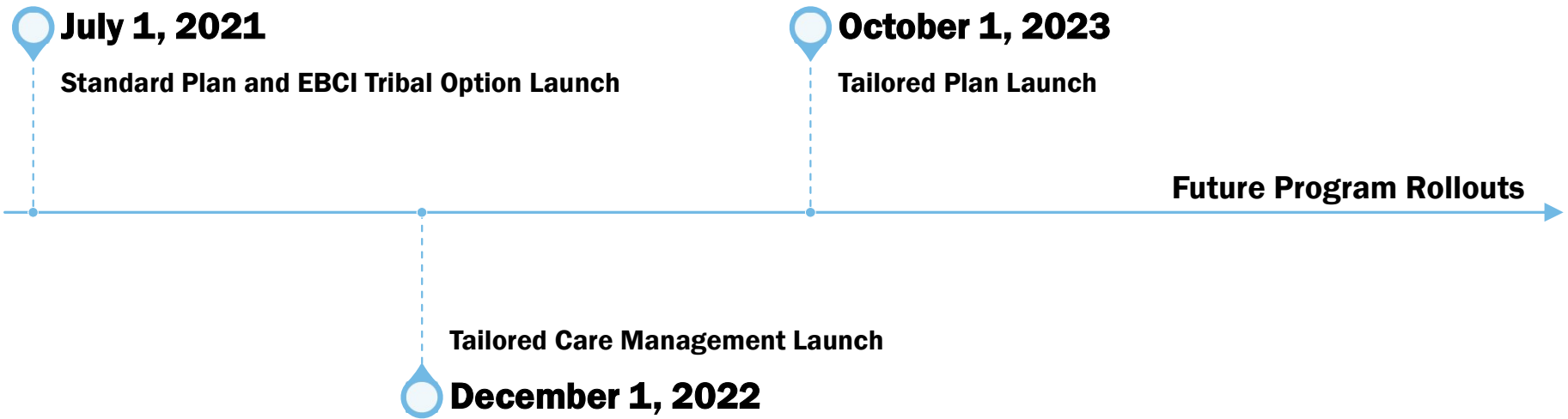
Medicaid is a government-financed health insurance program that covers *some* low- and moderate-income individuals.

In North Carolina, nearly 3 million people are covered by Medicaid (out of ~10.6 million).

NC Medicaid Managed Care launched on July 1, 2021, and brought changes to most NC Medicaid beneficiaries

NC MEDICAID MANAGED CARE TIMELINE

- Standard Plans and the EBCI Tribal Option launched on **July 1, 2021**.
- Behavioral Health and Intellectual/Developmental Disabilities (I/DD) Tailored Plans (Tailored Plans) will launch on **October 1, 2023**.
- Some beneficiaries will stay in NC Medicaid Direct (fee-for-service). They will transition to NC Medicaid Managed Care at a future date.





STANDARD PLAN & TAILORED PLAN OVERVIEW



Standard Plan

Standard Plans provide integrated physical health, behavioral health, pharmacy and long-term services and support to most NC Medicaid beneficiaries, as well as other programs and services that address other unmet health-related resource needs.

- Enrollment is based on the **Residential County** (county where beneficiary lives).
- Depending on residential county, beneficiaries can choose from either 4 or 5 Standard Plans.

Tailored Plan

Tailored Plans will provide the same services as Standard Plans as well as additional services for individuals with a mental health disorder, substance use disorder, I/DD or TBI, and state-funded services

- Enrollment is based on **Administrative County** (county that manages the beneficiary's Medicaid Case).
- There is only **1** Tailored Plan per county. If a beneficiary's administrative county changes to a different service area, they will move to the Tailored Plan that offers services in that county.

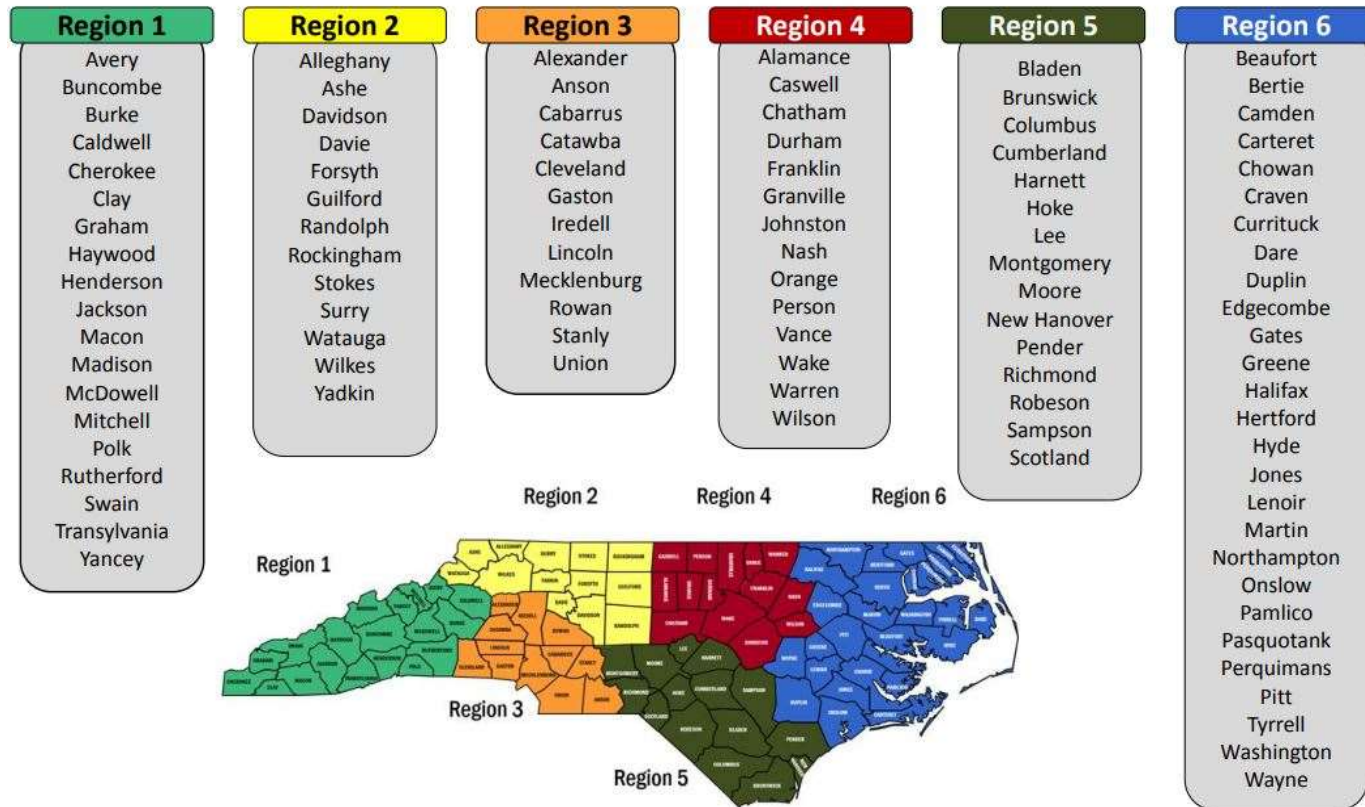
STANDARD PLANS

Approximately 1.8 million Medicaid beneficiaries are enrolled in Standard Plans

The following Standard Plans are available statewide:

- Amerihealth Caritas
- Healthy Blue
- UnitedHealthcare Community Plan
- WellCare
- Carolina Complete Health is only available in regions 3, 4 and 5

Medicaid Managed Care Regions



TAILORED PLAN UPDATES

To ensure nearly 150,000 people seamlessly receive care on day one, the North Carolina Department of Health and Human Services will delay the implementation of the NC Medicaid Managed Care Behavioral Health and Intellectual/Developmental Disabilities Tailored Plans.

Beneficiaries who receive enhanced behavioral health services not provided by a Standard Plan will be transitioned to Tailored Plans on October 1, 2023

More information and timelines will be shared in NC Medicaid Ombudsman webinars closer to the October 1, 2023 launch date.

Please register for NC Medicaid Ombudsman webinars to stay up-to-date!



TAILORED PLANS

- There are six Tailored Plans. Only **one** Tailored Plan serves each county.
- Tailored Plan service areas are based on the **county that manages the beneficiary's Medicaid case** (administrative county).

THE TAILORED PLANS WILL PROVIDE:

- Physical health, pharmacy and enhanced behavioral health services for beneficiaries with mental health needs, severe substance use disorders, intellectual/developmental disabilities (I/DD) or traumatic brain injury (TBI)
- Services for Innovations and TBI Waiver beneficiaries and Waiver waitlist beneficiaries
- Added services, such as wellness programs
- Non-emergency medical transportation (NEMT) for Medicaid-covered services (including carved out services)
- Tailored Care Management (**launched on December 1, 2022**)
- State-funded services

1915(I) OPTION UPDATE



- NCDHHS continues to work with CMS to identify an appropriate implementation date for 1915(I) services (currently known as b3 services.)
- This program helps beneficiaries remain in their homes and community-based settings through services such as:
 - Respite
 - Individual and Transitional Supports
 - Community Living and Supports
 - Community Transition and
 - Supported Employment.

TRAUMATIC BRAIN INJURY (TBI) WAIVER

- Alliance Health is the only Tailored Plan that provides TBI Waiver services.
- **At Tailored Plan launch on October 1, 2023**, TBI Waiver services will only be available in the following counties:
 - Cumberland
 - Durham
 - Johnston
 - Wake
 - Mecklenburg
 - Orange
- The TBI Waiver may expand to other counties and services areas later.

NC

MEDICAID UPDATES

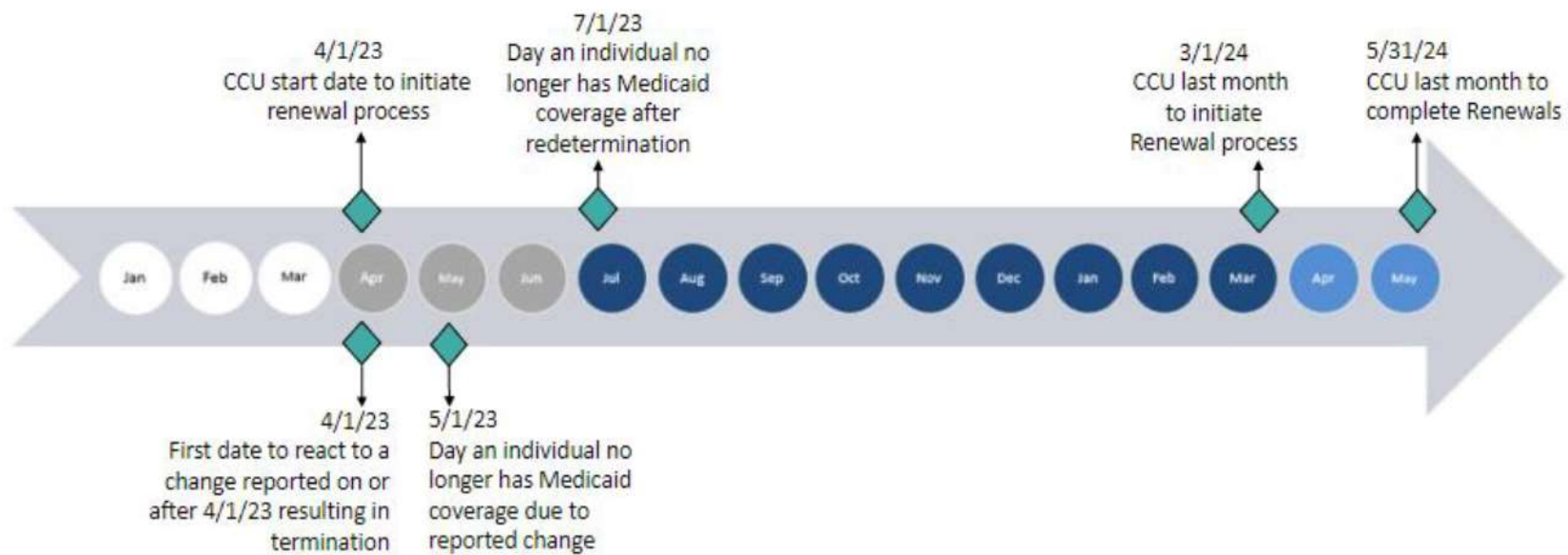
CONTINUOUS COVERAGE UNWINDING

The 2023 Consolidated Appropriations Act (Omnibus Bill) decoupled the continuous coverage requirement from the Federal Public Health Emergency.

This allowed states to begin termination as early as 4/1/23.

States have 12 months to initiate renewals and 14 months to complete renewals.

NORTH CAROLINA'S CONTINUOUS COVERAGE UNWINDING TIMELINE





BASICS OF MEDICAID RECERTIFICATION

- Medicaid recertification (renewal) is the way your information is reviewed to make sure you are still eligible for Medicaid health coverage.
- It is also called eligibility redetermination, renewal, ex-parté review or case review (all mean the same thing).
- Recertification takes place every 6 or 12 months based on your Medicaid program.
- All redeterminations are handled by the local Department of Social Services (DSS).
- Your Medicaid caseworker will try to complete your recertification using information from electronic resources - without contacting you.
- If your Medicaid caseworker needs more information from you to finish your recertification, they will mail you a letter.

NORTH CAROLINA MEDICAID EXPANSION UPDATE

Eligibility is outside the scope of the NC Medicaid Ombudsman


Approximately 600,000 people in NC will be eligible once expansion is implemented

FINALLY, WHAT SHOULD BENEFICIARIES DO TO PREPARE FOR UPCOMING CHANGES?

- Make sure your local Department of Social Services (DSS) has your current mailing address, phone number and email address to make sure you get important information.
 - You can call your local DSS to update your information. You can find your local DSS at dhhs.gov/localdss.
 - Beneficiaries with an enhanced ePASS account can update their information at epass.nc.gov without having to contact their local DSS. To create an ePASS account, or to enhance an existing account, go to epass.nc.gov.
- Report all changes such as income or a change in household size that may impact the type of coverage you qualify for.
- Talk to your providers about contracting with your Tailored Plan if Tailored Plan-eligible.
- Register to attend upcoming North Carolina Medicaid Ombudsman Monthly Webinars at <https://ncmedicaidombudsman.org/resources>

NC MEDICAID BENEFICIARY RESOURCES

Department of Social Services (DSS)	Prepaid Health Plan (PHP)	Medicaid Contact Center	NC Enrollment Broker	NC Medicaid Ombudsman
<p>Monday – Friday 8AM – 5PM <i>Hours can vary by county</i> <i>Hours can vary by county</i> <u>Local DSS Directory</u></p>	<p>Monday – Saturday 7AM – 6PM <i>Contact information varies across PHPS</i></p>	<p>Monday – Friday 8AM – 5PM 888-245-0179</p>	<p>Monday – Saturday 7AM – 5PM 833-870-5500</p>	<p>Monday – Friday 8AM – 5PM 877-201-3750</p>
<ul style="list-style-type: none"> • To apply for Medicaid • Questions about Medicaid eligibility • Questions about type of Medicaid coverage • To update mailing address, contact, or other personal information 	<ul style="list-style-type: none"> • Questions about covered services or health plan value added benefits • To change Primary Care Provider (PCP) • To request Non-Emergency Medical Transportation • To request a new Medicaid ID card 	<ul style="list-style-type: none"> • Questions about carved out services such as dental and vision • To change primary care provider (only if enrolled in NC Medicaid Direct) • Questions about Medicaid policies and procedures 	<ul style="list-style-type: none"> • To confirm enrollment in a health plan • To change health plans • If you were enrolled in a managed care plan but need to keep the services you currently receive through Medicaid Direct • Questions about a notice you've received 	<ul style="list-style-type: none"> • You are not getting the care that you need. • You have questions about a notice or bill you have received. • You have already talked with your health care provider or health plan and have not been able to solve the problem. • You have questions about the complaint or appeal process.



NC MEDICAID OMBUDSMAN OUTREACH

Digital versions of outreach materials (English and Spanish): ncmedicaidombudsman.org/for-community-partners/

Request printed outreach materials (English and Spanish) be mailed to your organization by emailing info@ncmedicaidombudsman.org.

Presentations on NC Medicaid Managed Care & NC Medicaid Ombudsman available in English and Spanish. Submit your request here: ncmedicaidombudsman.org/for-community-partners/

CONNECT WITH US!

 **NC Medicaid Ombudsman**

 **@NCMedicaidOmb**

 **@ncmedicaidombud**



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**QUESTIONS?
FEEDBACK?
ISSUES TO
REPORT?**

